2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

LARRY W. RANCH

SIGNATURE:

Apr 30, 2008 8:00 am Secretary of State DOCUMENT # P07000002121 04-30-2008 90182 043 ***150 00 LARRY W. RAUCH, INC. Principal Place of Business Mailing Address 108 FLORES WAY 108 FLORES WAY 60033382 AUBURNDALE, FL 33823 AUBURNDALE, FL 33823 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202008 Chg-P CR2E034 (12/06) 4. FEI Number 30-830\035 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent W. KAUCH LARRY ANGUS, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 1362 HAVENDALE BLVD NW WINTER HAVEN, FL 33881-1386 108 FLORES WAY AUBURMALL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent BMCH Signature, typed or printed name of registered agent and title if a E: Registered Agent signature required w DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete ☐ Change TITLE ☐ Addition NAME RAUCH, LARRY W NAME STREET ADDRESS 108 FLORES WAY STREET ADDRESS AUBURNDALE, FL 33823 CITY-ST-77P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empo

FILED

Daytime Phone #